



Florida Department of Environmental Protection
CITIZEN SUPPORT ORGANIZATION ANNUAL REPORT

Required Signatures: No Signature

Year: 2016

Citizen Support Organization (CSO) Name: Friends of Savannas Preserve State Park

Mailing Address: 2541 Walton Road

Telephone Number: 772-340-7530 Website Address (if applicable): friendsofsavannas.org

Statutory Authority:

Section 20.2551, F.S., Citizen support organizations; use of property; audit; public records; partnerships. In summary, the statute specifies the organizational requirements, operational parameters, duties of a CSO to support the Department of Environmental Protection (Department), or individual units of the Department, use of Department property, audit requirements, public records requirements, and authorizes public-private partnerships to enhance lands managed by the Department.

Section 258.015, F.S., Citizen support organizations; use of property; audit. In summary, the statute defines a CSO, requires authorization by the Division of Recreation and Parks, and specifies the use of property. This statute authorizes the Partnerships in Parks (PIP) program for state parks, the program's operational parameters, CSO's operational parameters, and donor recognition.

Brief Description of the CSO's Mission:

The CSO's Mission is to support the preservation, maintenance, and interpretation of Savannas Preserve State Park



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Brief Description of the CSO's Results Obtained:

1. CSO has been involved in attracting visitors from the community into the park
2. The New Educational lab addition to park education center is open and operational
3. The CSO has assisted with equipping the building with tables, chairs, blinds, a state of the art sound system and phone lines.
4. CSO has sponsored guided kayak tours which have provided interpretation of the park to hundreds of people usually 2-3 trips per week.

Brief Description of the CSO's Plans for Next Three Fiscal Years:

1. Increase membership through special events designed to attract new members
2. Adopt a movie night with Junior Friends entraining families into the park to get educational, environmental entertainment.
3. Continue to equip and make improvements to the new educational building addition that will support the future educational programs.
4. Replace and Update Kayak Equipment as needed.
5. Continue offering diversified interperative programs for park
6. Enhance and Improve Warriors on the Water (WOW) programs
7. Continue to us the float plan and incorporate safety into all park kayak tours.

☒ Copy of the CSO's Code of Ethics attached (*Model provided; see CSO 2014 instructions*)

☒ Certify the CSO has completed and provided to the Department the organization's most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N/Annual Financial Statement

Friends of Savannas Preserve State Park, Inc.
CODE OF ETHICS

PREAMBLE

(1)It is essential to the proper conduct and operation of Friends of Savannas Preserve State Park, Inc.

(herein "CSO") that its board members, officers, and employees be independent and impartial and that their position not be used for private gain. Therefore, the Florida Legislature in Section 112.3251, Florida Statute (Fla. Stat.), requires that the law protect against any conflict of interest and establish standards for the conduct of CSO board members, officers, and employees in situations where conflicts may exist.

(2)It is hereby declared to be the policy of the state that no CSO board member, officer, or employee shall have any interest, financial or otherwise, direct or indirect, or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties for the CSO. To implement this policy and strengthen the faith and confidence of the people in Citizen Support Organizations, there is enacted a code of ethics setting forth standards of conduct required of Friends of Savannas Preserve State Park, Inc. board members, officers, and employees in the performance of their official duties.

STANDARDS

The following standards of conduct are enumerated in Chapter 112, Fla. Stat., and are required by Section 112.3251, Fla. Stat., to be observed by CSO board members, officers, and employees.

1. Prohibition of Solicitation or Acceptance of Gifts

No CSO board member, officer, or employee shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the CSO board member, officer, or employee would be influenced thereby.

2. Prohibition of Accepting Compensation Given to Influence a Vote

No CSO board member, officer, or employee shall accept any compensation, payment, or thing of value when the person knows, or, with reasonable care, should know that it was given to influence a vote or other action in which the CSO board member, officer, or employee was expected to participate in his or her official capacity.

3. Salary and Expenses

No CSO board member or officer shall be prohibited from voting on a matter affecting his or her salary, expenses, or other compensation as a CSO board member or officer, as provided by law.

4. Prohibition of Misuse of Position

A CSO board member, officer, or employee shall not corruptly use or attempt to use one's official position or any property or resource which may be within one's trust, or perform official duties, to secure a special privilege, benefit, or exemption.

5. Prohibition of Misuse of Privileged Information

No CSO board member, officer, or employee shall disclose or use information not available to members of the general public and gained by reason of one's official position for one's own personal gain or benefit or for the personal gain or benefit of any other person or business entity.

6. Post-Office/Employment Restrictions

A person who has been elected to any CSO board or office or who is employed by a CSO may not personally represent another person or entity for compensation before the governing body of the CSO of which he or she was a board member, officer, or employee for a period of two years after he or she vacates that office or employment position.

7. Prohibition of Employees Holding Office

No person may be, at one time, both a CSO employee and a CSO board member at the same time.

8. Requirements to Abstain From Voting

A CSO board member or officer shall not vote in official capacity upon any measure which would affect his or her special private gain or loss, or which he or she knows would affect the special gain or any principal by whom the board member or officer is retained. When abstaining, the CSO board member or officer, prior to the vote being taken, shall make every reasonable effort to disclose the nature of his or her interest as a public record in a memorandum filed with the person responsible for recording the minutes of the meeting, who shall incorporate the memorandum in the minutes. If it is not possible for the CSO board member or officer to file a memorandum before the vote, the memorandum must be filed with the person responsible for recording the minutes of the meeting no later than 15 days after the vote.

9. Failure to Observe CSO Code of Ethics

Short Form
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2016

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning , and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FRIENDS OF THE SAVANNAS PRESERVE STATE PARK, INC Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 2541 WALTON ROAD City or town State ZIP code PORT ST LUCIE FL 34952 Foreign country name Foreign province/state/county Foreign postal code
D Employer identification number 65-0124775	
E Telephone number 772-398-2779	
F Group Exemption Number	

G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
I Website: HTTP://FRIENDSOFSAVANNAS.ORG	
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 50,917

Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	11,178
	2 Program service revenue including government fees and contracts	2	16,122
	3 Membership dues and assessments	3	930
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ 4,567 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	12,989	
c Less: direct expenses from gaming and fundraising events	6c	2,516	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	10,473	
7a Gross sales of inventory, less returns and allowances	7a	9,698	
b Less: cost of goods sold	7b	4,215	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	5,483	
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	44,186	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	6,458
	15 Printing, publications, postage, and shipping	15	435
	16 Other expenses (describe in Schedule O)	16	37,872
	17 Total expenses. Add lines 10 through 16	17	44,765
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-579	
Net Assets	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	43,075
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	42,496

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2016)

Balance Sheets. (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II. ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	37,365	22 36,696
23 Land and buildings		23
24 Other assets (describe in Schedule O)	5,710	24 5,800
25 Total assets	43,075	25 42,496
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	43,075	27 42,496

Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III. ☒What is the organization's primary exempt purpose? TO ASSIST THE SAVANNAS PRESERVE STATE PARK IN

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 Pioneer Day and other special events designed so that visitors experience living history as they explore how people in Florida lived circa mid-19th century. Families enjoy old fashioned games, crafts, hayrides, food and (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	2,494
29 Canoe and Kayaking Program. Trained guides lead tours that educate the public by explaining the ecology of the Savannas, to include the Park's responsibility in maintaining the various fragile ecosystems. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	412
30 Education Program. Uses community outreach to provide the public and school teachers with information that encourages stewardship and preservation of the nature resources within the Park. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	3,219
31 Other program services (describe in Schedule O). (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	17,458
32 Total program service expenses. (add lines 28a through 31a)	32	23,583

List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
PAUL SALAZAR PRESIDENT	Hr/WK 1.00			
BRUCE OLSEN VICE PRESIDENT	Hr/WK 1.00			
BRENDA GERDES TREASURER	Hr/WK 1.00			
SUSAN HAMBURGER SECRETARY	Hr/WK 1.00			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).	34	X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?	37b	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	X
41 List the states with which a copy of this return is filed. ▶ FL		
42 a The organization's books are in care of ▶ DEE STALEY Telephone no. ▶ 772-334-6660		
Located at ▶ 695 SAVANNA VISTA City JENSEN BEACH ST FL ZIP + 4 ▶ 34957		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	X
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	45b	X

- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
46		X

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

	Yes	No
47		X

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

48		X
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- 49 a** Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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- b** If "Yes," was the related organization a section 527 organization?

49b		
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- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			

- f** Total number of other employees paid over \$100,000

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None		
City		
State		
ZIP		
Name		
City		
State		
ZIP		
Name		
City		
State		
ZIP		
Name		
City		
State		
ZIP		

- d** Total number of other independent contractors each receiving over \$100,000

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A.

☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer **PAUL SALAZAR, PRESIDENT** Date

Paid Preparer Use Only Print/Type preparer's name **Charles O Coffman** Preparer's signature **Charles O Coffman** Date **5/3/2017** Check ☐ if self-employed PTIN **P00054912** Firm's name **Coffman Tax Services, Inc.** Firm's EIN **26-1422358** Firm's address **2101 SE Harlow St, Port St Lucie, FL 34952** Phone no. **772-337-3097**

May the IRS discuss this return with the preparer shown above? See instructions.

☒ Yes ☐ No

Form **4797**

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184

2016Attachment
Sequence No. **27**Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.
 ▶ Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

Name(s) shown on return

Identifying number

FRIENDS OF THE SAVANNAS PRESERVE STATE PARK, INC

65-0124775

- 1** Enter the gross proceeds from sales or exchanges reported to you for 2016 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions.

1

Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	2-WAY RADIOS	4/23/2004	12/31/2016	0	120	120	0
	INFOCUS PROJECTOR	6/5/2009	12/31/2016	0	959	959	0
	VIDEO CAMERA	8/21/2010	12/31/2016	0	235	274	-39

- 3** Gain, if any, from Form 4684, line 39. **3**
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37. **4**
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824. **5**
- 6** Gain, if any, from line 32, from other than casualty or theft. **6**
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: **7** -39
- Partnerships (except electing large partnerships) and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.
- Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.
- 8** Nonrecaptured net section 1231 losses from prior years. See instructions. **8**
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions. **9** 0

Ordinary Gains and Losses (see instructions)

- 10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):
- | | | | | | | |
|--|--|--|--|--|--|---|
| | | | | | | 0 |
| | | | | | | 0 |
| | | | | | | 0 |
- 11** Loss, if any, from line 7. **11** (39)
- 12** Gain, if any, from line 7 or amount from line 8, if applicable. **12**
- 13** Gain, if any, from line 31. **13**
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a. **14**
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36. **15**
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824. **16**
- 17** Combine lines 10 through 16. **17** -39
- 18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:
- a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions. **18a**
- b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14. **18b** 0

For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2016)

HTA

Depreciation and Amortization (Including Information on Listed Property)

▶ Attach to your tax return.

OMB No. 1545-0172

2016

Attachment

Sequence No. **179**

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return: **FRIENDS OF THE SAVANNAS PRESERVE ST**
Business or activity to which this form relates: **990EZ**
Identifying number: **65-0124775**

Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	684
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,010,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	0

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	550

MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20 a Class life		684	5	HY	S/L	63
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	731
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,344
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2016)

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No					24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/ investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25		
26 Property used more than 50% in a qualified business use:									
		%							
		%							
See statement		%					731		
27 Property used 50% or less in a qualified business use:									
		%				S/L —			
		%				S/L —			
		%				S/L —			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	731	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	0	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		

Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2016 tax year (see instructions):					
43 Amortization of costs that began before your 2016 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44
					0

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2016

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

FRIENDS OF THE SAVANNAS PRESERVE STATE PARK, INC

Employer identification number

65-0124775

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations 0

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,691	1,687	2,994	10,240	11,178	27,790
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	15,849	17,654	25,940	25,271	26,750	111,464
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	9,064	10,500	10,500	10,500	10,000	50,564
6 Total. Add lines 1 through 5	26,604	29,841	39,434	46,011	47,928	189,818
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						189,818

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	26,604	29,841	39,434	46,011	47,928	189,818
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	26,604	29,841	39,434	46,011	47,928	189,818
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	100.00%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	100.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	0.00%

- 19a 33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☒
- b 33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Department of the Treasury
Internal Revenue Service

Name of the organization

FRIENDS OF THE SAVANNAS PRESERVE STATE PARK, INC

Employer identification number

65-0124775

Form 990-EZ, Part III, Line 31: Direct Support to the Savannas Preserve State Park, to include

equipment purchases and repair, and funding Park manpower. Grants and allocations: 0, Program

service expenses: 17,458

Form 990-EZ, Part I, Line 16, Other Expenses: Fundraising: 2,516

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings: 815

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 4,214

Form 990-EZ, Part I, Line 16, Other Expenses: Telephone: 1,467

Form 990-EZ, Part I, Line 16, Other Expenses: Depreciation: 1,344

Form 990-EZ, Part I, Line 16, Other Expenses: OFFICE EXPENSE: 1,033

Form 990-EZ, Part I, Line 16, Other Expenses: CREDIT CARD PROCESSING FEES: 1,167

Form 990-EZ, Part I, Line 16, Other Expenses: CRITTER FOOD AND CARE: 992

Form 990-EZ, Part I, Line 16, Other Expenses: SALES TAX: 330

Form 990-EZ, Part I, Line 16, Other Expenses: CLASSROOM EXPENDITURES: 11,020

Form 990-EZ, Part I, Line 16, Other Expenses: MISC PROGRAM SERVICE EXPENSES: 12,974

Form 990-EZ, Part II, Line 24, Other Assets: REMAINING FIXED ASSETS AT COST (FROM 2014 REPORT

FORMAT): Beginning of year: 3,858, End of year: 0

Form 990-EZ, Part II, Line 24, Other Assets: NOTE: FIXED ASSET VALUE AT END IS UNDEPRECIATED

VALUE: Beginning of year: 0, End of year: 3,158

Form 990-EZ, Part II, Line 24, Other Assets: GIFT SHOP INVENTORY AT COST: Beginning of year:

1,852, End of year: 2,642

Program Service Accomplishments (990-EZ)

Please note: if there are more than 3 program service accomplishments, they will appear on Schedule O (990/990-EZ).

23,583

Index	Limited to 230 characters Description	Grants and Allocations	Check ("X") if this amount includes foreign grants	Program Service Expenses
1	Pioneer Day and other special events designed so that visitors experience living history as they explore how people in Florida lived circa mid-19th century. Families enjoy old fashioned games, crafts, hayrides, food and exhibits			2,494
2	Canoe and Kayaking Program. Trained guides lead tours that educate the public by explaining the ecology of the Savannas, to include the Park's responsibility in maintaining the various fragile ecosystems.			412
3	Education Program. Uses community outreach to provide the public and school teachers with information that encourages stewardship and preservation of the nature resources within the Park.			3,219
4	Direct Support to the Savannas Preserve State Park, to include equipment purchases and repair, and funding Park manpower.			17,458

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	4,509
2	Noncash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	4,567
7	Associated organization contributions	7	
8	FEES TO INCLUDE PARK PASSES	8	1,976
9	ANIMAL CARE	9	126
10		10	
11	Total	11	11,178

Part I, Line 16 (990-EZ) - Other Expenses

		Total:	37,872
	Description	Amount	
1	Travel		
2	Meals and entertainment		
3	Fundraising	2,516	
4	Conferences, conventions, and meetings	815	
5	Depletion		
6	Equipment rental and maintenance		
7	Interest		
8	Supplies	4,214	
9	Telephone	1,467	
10	Unrelated business income taxes	0	
11	Amortization	0	
12	Depreciation	1,344	
13	OFFICE EXPENSE	1,033	
14	CREDIT CARD PROCESSING FEES	1,167	
15	CRITTER FOOD AND CARE	992	
16	SALES TAX	330	
17	CLASSROOM EXPENDITURES	11,020	
18	MISC PROGRAM SERVICE EXPENSES	12,974	
19			

Part II, Line 24 (990-EZ) - Other Assets

		Totals:	5,710	5,800
	Description	Beginning	End	
1	REMAINING FIXED ASSETS AT COST (FROM 2014 REPORT FORMAT)	3,858		
2	NOTE: FIXED ASSET VALUE AT END IS UNDEPRECIATED VALUE		3,158	
3	GIFT SHOP INVENTORY AT COST	1,852	2,642	

Assets by Classification - 990EZ

FRIENDS OF THE SAVANNAH PRESERVE STATE PARK, INC 65-0124775

12/31/2016

Item No.	Description of Property **** Indicates DISPOSED	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum. Deprec., 179, Bonus	2016 Deprec.	2016 Accum. Deprec.	
3-yr Computer software (qualified 179 property)																	
	QUICKBOOKS SOFTWARE	4/30/2010	F-1	100.00%	128	0	0	0	0	0	128	3.0	SL	FM	128	0	128
	Total: 3-yr Software (qual 179 property)				128	0	0	0	0	0	128				128	0	128
5-yr Computers and peripherals (not listed property)																	
	LAPTOP COMPUTER	5/13/2008	F-5	100.00%	528	0	0	0	0	0	528	5.0	SL	HY	528	0	528
	LAPTOP COMPUTER	4/19/2010	F-5	100.00%	786	0	0	0	0	0	786	5.0	SL	HY	786	0	786
	COMPUTER	1/31/2016	F-5	100.00%	585	0	0	0	0	0	585	5.0	SL/ADS	HY	0	58	59
	Total: 5-yr Computers (not listed)				1,899	0	0	0	0	0	1,899				1,314	58	1,373
5-yr Office machinery (data-handling equipment, except computers)																	
	**2-WAY RADIOS	4/23/2004	F-6	100.00%	120	0	0	0	0	0	120	5.0	SL/GDS	HY	120	0	120
	TV SET	5/9/2005	F-6	100.00%	1,000	0	0	0	0	0	1,000	5.0	SL	HY	1,000	0	1,000
	HP PRINTER/FAX	6/6/2013	F-6	100.00%	150	0	0	0	0	0	150	5.0	SL	HY	75	30	105
	CASH REGISTER	5/5/2014	F-6	100.00%	209	0	0	0	0	0	209	5.0	SL	HY	63	42	105
	PRINTER	9/23/2015	F-6	100.00%	230	0	0	0	0	0	230	5.0	SL	HY	23	46	69
	Total: 5-yr Office mach (data handling)				1,709	0	0	0	0	0	1,709				1,281	118	1,399
5-yr Other (listed property)																	
	LIFE VESTS (PFD)	3/5/2011	F-15	100.00%	500	0	0	0	0	0	500	5.0	SL	HY	450	50	500
	ICE MAKER	1/5/2012	F-15	100.00%	1,199	0	0	0	0	0	1,199	5.0	SL	HY	840	240	1,080
	LIFE VESTS (PFD)	3/5/2012	F-15	100.00%	500	0	0	0	0	0	500	5.0	SL	HY	350	100	450
	PA SYSTEM	7/1/2013	F-15	100.00%	189	0	0	0	0	0	189	5.0	SL	HY	95	38	133
	Total: 5-yr Other (listed)				2,388	0	0	0	0	0	2,388				1,735	428	2,163
7-yr Video, photo, and phone equipment (listed property)																	
	DVD PLAYER	5/13/2008	F-8	100.00%	300	0	0	0	0	0	300	7.0	SL	HY	300	0	300
	**INFOCUS PROJECTOR	6/5/2009	F-8	100.00%	959	0	0	0	0	0	959	7.0	SL	HY	891	68	959
	**VIDEO CAMERA	8/21/2010	F-8	100.00%	274	0	0	0	0	0	274	7.0	SL	HY	215	20	235
	DISTAL CAMERA	8/27/2010	F-8	100.00%	135	0	0	0	0	0	135	7.0	SL	HY	106	19	125
	DVD PLAYER	4/15/2012	F-8	100.00%	375	0	0	0	0	0	375	7.0	SL	HY	188	54	242
	PROJECTOR	12/20/2012	F-8	100.00%	993	0	0	0	0	0	993	7.0	SL	HY	497	142	639
	Total: 7-yr Photo and other listed equip				3,036	0	0	0	0	0	3,036				2,197	303	2,500
7-yr Farm equipment																	
	COMPOSTER	8/27/2010	F-9	100.00%	235	0	0	0	0	0	235	7.0	SL	HY	186	34	220
	Total: 7-yr Farm equipment				235	0	0	0	0	0	235				186	34	220
7-yr General purpose tools, machinery, and equipment																	
	CANOE PADDLES	8/14/2004	F-10	100.00%	117	0	0	0	0	0	117	7.0	SL	HY	117	0	117
	DISPLAY DRAWERS	9/16/2005	F-10	100.00%	434	0	0	0	0	0	434	7.0	SL	HY	434	0	434
	CANOE PADDLES	4/28/2006	F-10	100.00%	112	0	0	0	0	0	112	7.0	SL	HY	112	0	112
	CULDRON	12/16/2006	F-10	100.00%	300	0	0	0	0	0	300	7.0	SL	HY	300	0	300
	7 KAYAK PADDLES	1/7/2007	F-10	100.00%	310	0	0	0	0	0	310	7.0	SL	HY	310	0	310
	BOX TURTLE EXHIBIT	1/9/2009	F-10	100.00%	164	0	0	0	0	0	164	7.0	SL	HY	151	12	163
	FISH TANK	1/30/2010	F-10	100.00%	136	0	0	0	0	0	136	7.0	SL	HY	106	19	125
	4 OARS	9/1/2013	F-10	100.00%	239	0	0	0	0	0	239	7.0	SL	HY	85	34	119

Assets by Classification - 990EZ

12/31/2016

FRIENDS OF THE SAVANNAH PRESERVE STATE PARK, INC. 65-0124775

Item No.	Description of Property *** indicates DISPOSED	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum. Deprec., 179, Bonus	2016 Deprec.	2016 Accum. Deprec.
TWO KAYAKS		1/31/2015	F-10	100.00%	609	0	0	0	0	609	7.0	SL	HY	43	87	130
SPEAKER SYSTEM		2/11/2015	F-10	100.00%	188	0	0	0	0	188	7.0	SL	HY	13	27	40
FIVE PADDLES		2/13/2015	F-10	100.00%	300	0	0	0	0	300	7.0	SL	HY	21	43	64
WASHING MACHINE		5/10/2015	F-10	100.00%	428	0	0	0	0	428	7.0	SL	HY	31	61	92
TWO TENTS		9/9/2015	F-10	100.00%	200	0	0	0	0	200	7.0	SL	HY	14	29	43
Total: 7-yr Genl purp tools, mach, equip										3,538				1,737	312	2,049
7-yr Office furniture, fixtures and equipment																
FLYER RACK		12/14/2004	F-11	100.00%	361	0	0	0	0	361	7.0	SL	HY	361	0	361
DISPLAY CASE		5/31/2005	F-11	100.00%	167	0	0	0	0	167	7.0	SL	HY	167	0	167
ANIMAL PELT RACK		6/1/2006	F-11	100.00%	125	0	0	0	0	125	7.0	SL	HY	125	0	125
WATER DROP DISPLAY		7/14/2009	F-11	100.00%	850	0	0	0	0	850	7.0	SL	HY	788	61	849
HAWKS BLUFF SIGNAGE		8/2/2009	F-11	100.00%	352	0	0	0	0	352	7.0	SL	HY	326	25	351
FILE CABINET		6/6/2016	F-11	100.00%	99	0	0	0	0	99	10.0	SL/ADS	HY	0	5	5
Total: 7-yr Office furn, fixtures, equip										1,954				1,767	91	1,858
SubTotals										14,887				10,345	1,344	11,690
Less: Disposed Assets										(1,353)				(1,226)	(88)	(1,314)
Ending Totals										13,534				9,119	1,256	10,376